

DECLARATION	Attorney Docket	MTT/101/PC/US
	First Named Inventor	Ulrike W. KLUEH
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Artificial Tissue Systems and Uses Thereof

the specification of which

- is attached hereto; OR
 was filed on 11/05/2004 as PCT International Application Number PCT/US2004/037302 and was amended on 03/18/2005; OR
 is attached hereto and was filed on (MM/DD/YYYY) *** as United States Application or PCT International Application Number *** and was amended on the execution date to conform to the attached specification.

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, § 1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed Yes No	Copy Attached Yes No

[] Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)	[] Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/518,412	11/07/03	

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

[] Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:

As a named inventor, I hereby appoint in the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name: **Alix, Yale & Ristas, LLP**

Customer Number: **002543**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor

[] A petition has been filed for this unsigned inventor

Given Name	Ulrike	Middle Initial	W.	Family Name	KLUEH	Suffix	
Inventor's Signature	X Ulrike					Date	X 5-3-06

RESIDENCE: City	New Britain	State	CT	ZIP	06051	Country	US	Citizenship	DE
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POST OFFICE ADDRESS	370 High Street								
City	New Britain	State	CT	ZIP	06051	Country	US	Applicant Authority	

Name of Additional Joint Inventor, if any:

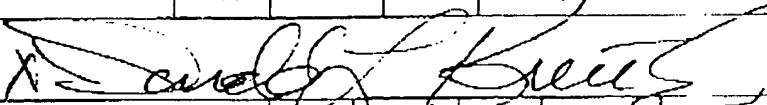
[] A petition has been filed for this unsigned inventor

Given Name	David	Middle Initial	I.	Family Name	DORSKY	Suffix	
Inventor's Signature	X David Dorsky					Date	X 5/3/06

RESIDENCE: City	Avon	State	CT	ZIP	06001	Country	US	Citizenship	US
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Additional inventors are being named on supplemental sheet(s) attached hereto.

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Donald		Middle Initial	L	Family Name	KREUTZER		Suffix		
Inventor's Signature							Date	X 4/28/06		
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City	Avon		State	CT	ZIP	06001	Country	US	Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.										
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name			Middle Initial		Family Name			Suffix		
Inventor's Signature							Date			
RESIDENCE: City			State		ZIP		Country		Citizenship	
POST OFFICE ADDRESS										
City			State		ZIP		Country		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.										
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name			Middle Initial		Family Name			Suffix		
Inventor's Signature							Date			
RESIDENCE: City			State		ZIP		Country		Citizenship	
POST OFFICE ADDRESS										
City			State		ZIP		Country		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.										